

Project SUCCESS



Project SUCCESS Registration Form

(All Information Will Be Kept Confidential)



Name of Participant: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Business Phone: _____

School attending: _____ Grade entering in Sept 2004: _____

Family Physician

Name: _____ Phone: _____

Address: _____

Insurance Coverage: _____

Allergies or Restrictions: _____

Medications: _____

Does the participant require any accommodations that we should be aware of?

_____ YES _____ NO

If YES, please describe the necessary accommodations needed so that you can fully benefit from the Project SUCCESS Program:

Is there currently an IEP in effect for this student?

_____ YES _____ NO

If YES, how can Project SUCCESS help achieve some of these goals (i.e. communication skills, social skills, etc.)?

Emergency Contact Name

(Please list 2 emergency contacts with authorization to pick up and care for participant in an emergency)

Contact #1 _____

Phone: _____

Relationship to Participant: _____

Contact #2 _____

Phone: _____

Relationship to Participant _____

Emergency Medical

The Fairfax County Department of Community and Recreation Services has my permission, in an emergency situation to take me/my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well being of myself/my child.

Student signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(required if participant is under 18 years of age)

Project SUCCESS Rules of Conduct

We expect that all participants maintain good behavioral conduct while at the meetings as well as at service projects. Individuals are expected to follow the general rules (with or without assistance), which include:

- Stay with an assigned group
- Keep hands to self
- Follow directions
- Participate as fully as possible
- Care for personal belongings or request assistance as needed
- Use equipment and supplies appropriately without destruction
- Use friendly language (no abusive language)

Termination of Participation

Project SUCCESS reserves the right or to end the participation in the program if:

- The participant's actions cause injury to self, peers, or staff
- The participant exhibits inappropriate behaviors which may inhibit participation in community activities
- The participant engages in repetitive, aggressive, harmful, or disruptive behavior
- The participant fails to follow the general rules of conduct
- The participant does not meet the eligibility criteria for the program

Media Release for Project SUCCESS

I hereby authorize and give my consent to The Fairfax County Department of Community and Recreation Services and/or its agents and assigns, to take photos and/or videos of myself/my child for promotional, educational, and/or reporting purposes, and do hereby waive any rights to compensation there from. I also release The Fairfax county Department of Community and Recreation Services and/or its agents or assigns from any claim, which may accrue against them in connection with said use.

Student signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(required if participant is under 18 years of age)

Consent for Participation

This is to certify that I do consent to participation in all activities, including service projects, sponsored by Project SUCCESS and The Fairfax County Department of Community and Recreation Services. I have read and agree to abide by the rules of conduct.

Student signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(required if participant is under 18 years of age)

STUDENTS!

Project SUCCESS Questionnaire

Your responses will help us meet the needs of everyone involved with our program. Please circle the appropriate response to each question.

Key:

SA – Strongly Agree

A – Agree

N/A – No Answer

D – Disagree

SD – Strongly Disagree

1. I feel connected to my community.

SA A N/A D SD

2. I have experience performing service projects.

SA A N/A D SD

3. I feel that my voice matters in my community.

SA A N/A D SD

4. I believe that individuals with disabilities can contribute to the community.

SA A N/A D SD

5. I feel that I can make a difference in my community.

SA A N/A D SD

6. I feel respected by my peers.

SA A N/A D SD

7. I have high self-esteem.

SA A N/A D SD

8. I have a lot of friends who know me well.

SA A N/A D SD

9. I feel comfortable interacting with my peers.

SA A N/A D SD

10. I feel comfortable interacting with people with and without disabilities.

SA A N/A D SD

11. I am sensitive to the needs of others.

SA A N/A D SD

NAME (optional) _____